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## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Barr, Garland Andy, , ,										
	(b) Address (number and street) PO Box 2059	☐ Check if address changed			Candidate's FEC Identification Number     H0KY06104						
	(c) City, State, and ZIP Code			3. Is This	s Ne	eW.		Amended			
	Lexington		KY 40588-0588				nent (N	) OR	×	(A)	
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	trict of Candid	date				
	REPUBLICAN PARTY	House			KY	06					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
Andy Barr for Congress Inc.											
	(b) Address (number and street) PO Box 2059										
	(c) City, State, and ZIP Code										
	Lexington				KY	40588	3-0588				
DESIGNATION OF OTHER AUTHORIZED COMMITTEES  (Including Joint Fundraising Representatives)  8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.  NOTE: This designation should be filed with the principal campaign committee.											
	(a) Name of Committee (in full)										
Andy Barr Victory Committee											
	(b) Address (number and street) 332 W Lee Highway										
	# 303										
	(c) City, State, and ZIP Code										
	Warrenton				VA	20186	-2428				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
Signature of Candidate				Date							
Barr, Garland Andy, , ,			[Electronically Filed]			02/24/2017					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)

## FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)		Page 2 /
	OF OTHER AUTHORIZED COMMITTEES cluding Joint Fundraising Representatives)	[ ADDITIONAL ]
I hereby authorize the following named committee, which is candidacy.	NOT my principal campaign committee, to receive and expend funds or	behalf of my
NOTE:This designation should be filed with the pr	rincipal campaign committee.	
(a) Name of Committee (in full) FREINDS OF ANDY BARR CO	OMMITTEE	
(b) Address (number and street) 332 W LEE HWY # 303		
(c) City, State and ZIP Code WARRENTON	VA 20186	
	I OF OTHER AUTHORIZED COMMITTEES including Joint Fundraising Representatives)	[ ADDITIONAL ]
I hereby authorize the following named committee, which is candidacy.	NOT my principal campaign committee, to receive and expend funds or	n behalf of my
NOTE: This designation should be filed with the p	rincipal campaign committee.	
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		
	OF OTHER AUTHORIZED COMMITTEES acluding Joint Fundraising Representatives)	[ ADDITIONAL ]
I hereby authorize the following named committee, which is candidacy.	NOT my principal campaign committee, to receive and expend funds or	n behalf of my
NOTE:This designation should be filed with the p	rincipal campaign committee.	
(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State and ZIP Code		